

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09 / 830860	FILING DATE	
							APPLICANT(S)		
							CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1								
2		1							
3	1								
4		1							
5		1							
6	1								
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47									
48									
49									
50									
TOTAL IND.	3	1							
TOTAL DEP.	4		1						
TOTAL CLAIMS	7								
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS									